



American Optometric Association

**STATEMENT  
of the  
American Optometric Association  
to the  
Committee on Small Business  
Subcommittee on Regulations, Healthcare and Trade  
United States House of Representatives**

**RE: Health IT Adoption and the New Challenges Faced by Solo and Small Group Healthcare Practices**

**June 24, 2009**

The American Optometric Association (AOA) appreciates the opportunity to provide comments regarding “Health IT Adoption and the New Challenges Faced by Solo and Small Group Healthcare Practices” to the U.S. House of Representatives, Committee on Small Business, Subcommittee on Regulations, Healthcare and Trade.

We commend you, Chairwoman Dahlkemper, Ranking Member Westmoreland, and members of the Subcommittee, for the leadership and vision you have shown in recognizing the fundamental need to promote widespread adoption and use of health information technology (HIT). Your ongoing efforts will help improve health care quality, prevent unnecessary medical errors, reduce overall health care costs, increase administrative efficiencies and expand access to affordable care for a greater number of Americans.

We are grateful for the strong efforts of this Committee and Congress to spur adoption of HIT. In particular, we applaud the inclusion of HIT incentives within H.R. 1, the *American Recovery and Reinvestment Act of 2009* (ARRA), which provides financial incentives to help health care providers purchase and implement HIT systems. As a result, doctors of optometry and other Medicare physicians who implement and report meaningful use of electronic health records (EHRs) will be eligible for incentives beginning in 2011.

Beyond incentives, a key element to widespread adoption and use is the development of uniform HIT standards. To this end, ARRA formally established the role and functions of the Office of the National Coordinator for Health Information Technology (ONCHIT), which is to promote the development of a nationwide interoperable HIT infrastructure. ARRA also created the HIT Policy and Standards Committees, which are comprised of public and private stakeholders and charged with providing recommendations on the HIT policy framework, standards, implementation specifications and certification for EHR.

Today, the AOA urges the Committee and Congress to work with the Department of Health and Human Services (HHS), America’s doctors of optometry and a broad range of health care providers to address

existing barriers to increased adoption and use of HIT while working to guarantee those systems are interoperable, secure and functional.

Specifically, the AOA asks Congress to urge the ONCHIT and the HIT Policy Committee to promote the rapid development and deployment of a certification for eye care EHRs and appropriate certifications for other medical specialties to ensure that eye care providers as well as a wide range of other health care providers are able to take advantage of the ARRA incentives and get to work on building an interoperable nationwide HIT network.

In addition to certification concerns, the AOA is troubled that some providers are not currently eligible for HIT adoption incentives and may be left behind as an HIT network develops. While ARRA provides incentives to Medicare physicians, the legislation does not include strategies to spur HIT adoption among a large and diverse group of providers which comprise a significant part of our health care delivery system. We are also concerned that these clinicians that are now ineligible for HIT incentives may be vulnerable to future Medicare cuts that hinge upon HIT utilization. Ultimately, this would reduce patient choice and overall access to care.

The AOA today urges the Committee and leaders in Congress to consider alternate strategies to provide HIT adoption incentives to a greater range of health care providers to ensure that all elements of America's health care delivery system are included as the development of a nationwide HIT network advances.

Working together, we are confident that Congress, HHS, the AOA and other health care provider organizations can help put this nation on track toward developing a much needed nationwide HIT network. In doing so, we can help America achieve long-lasting and equitable health care reform while delivering on the long-held promise of ensuring greater access to needed health care services, including comprehensive eye and vision care, that are high quality and increasingly affordable for patients and the American taxpayer.

### **The Central Role of HIT**

HIT is generally defined as: "the application of information processing involving both computer hardware and software that deals with the storage, retrieval, sharing and use of health care information, data, and knowledge for communication and decision making," including applications such as telemedicine and use of the Internet. Encompassing a huge range of products and systems, HIT allows for the comprehensive management of health information through secure exchanges between health care consumers and providers. It is one of the key elements in an overall effort to virtually reshape the entire culture of American health care.

According to the Institute of Medicine, the EHR is the central component of HIT and supports the ordering of prescriptions and tests, aids in clinical decision making, and facilitates development of a longitudinal record such as viewing, ordering, messaging, documenting, care management, analysis, and reporting. It serves to expand care providers' ability to organize patient data, reduce paperwork, replace lengthy records processes, help deliver more coordinated care through making information sharing easier among patients' team of health care providers, and can also prevent errors in the delivery of patient care.

When used effectively, EHRs enable providers to deliver care more efficiently. For example, EHRs may eliminate or substantially reduce the need to physically pull patient charts from office files or patients' visits and could prompt providers to prescribe generic drugs instead of more costly alternatives. A September 2005 report by the RAND Corporation estimated that \$77 billion annually would be saved if

90 percent of physicians adopted HIT. The report also estimated another \$4 billion in savings from reductions in prescription errors.

According to HHS, the use of HIT will ultimately facilitate the collection of cost and quality data that will support a new system of “value-oriented care”. The data collected will allow health care purchasers to compare the price and quality of care and encourage the utilization of the most cost-effective care. The use of EHRs can also improve the quality of care by reminding providers about such things as appropriate preventive care, identifying harmful drug interactions or possible allergic reactions or even help providers manage patients with complex chronic conditions.

Greater use of this technology could even lead to future scientific breakthroughs with the computer-age ability to exchange and manage data to provide personalized health care. Soon, patients may also be able to access their own health records, a possible step toward greater patient compliance with health care regimens and an increased interest in healthy lifestyles.

While a number of integrated delivery systems have already implemented EHRs across their organizations, such as Geisinger Health System and the Department of Veterans Affairs, very few solo providers and small group health care practices have adopted HIT despite the potential to increase efficiency and improve quality. While Optometry has proven to be on the forefront of HIT adoption for small business health care providers, a number of obstacles to widespread adoption and use remain among solo and small group practices.

### **Barriers to Widespread HIT Adoption**

The *American Recovery and Reinvestment Act of 2009* (ARRA) provides substantial financial incentives that will help physicians purchase and implement HIT systems. The provisions within ARRA provide \$19 billion over a specified five-year period for physicians in Medicare. Beginning in 2011, Medicare physicians who implement and report meaningful use of EHR will be eligible for an initial incentive payment up to \$18,000. While ARRA includes a provision that will reduce Medicare payments for physicians who do not use EHR systems to take effect in 2015, there are exceptions for significant hardship cases.

ARRA provides incentives through the Medicare Part B program to encourage physicians to adopt and use qualifying EHR in a meaningful way. ARRA explicitly states that for a physician to be a “meaningful user” of HIT and be eligible for the financial incentives, the EHR that he or she uses must be certified. However, to date the only federally recognized certification body is the Certification Commission for Healthcare Information Technology (CCHIT). While AOA concerns outlined below focus mostly on eye care, we believe that our situation will not be unique as other medical specialties with specialized EHR systems seek to develop certification through CCHIT.

The eye care community was notified that eye care was one of the Commission’s planned expansion areas for 2010 and beyond. The Commission placed eye care on the roadmap using the following timeline: 2009 for research; 2010 for development; and, 2011 for launch. Working together with the American Academy of Ophthalmology (AAO) and the American Society of Cataract and Refractive Surgery (ASCRS), the AOA expressed appreciation that eye care was included on the draft roadmap, but believed it was essential for the eye care specialty to have an accelerated timeline for launch and asked the Commission to be flexible when developing final timelines for a number of reasons.

First and foremost, AOA and its partners argued that ARRA put in place financial incentives and penalties based on the adoption and “meaningful use” of certified HIT systems that will have a profound impact on our members and their ability to adopt HIT and become meaningful users. Because of a lack of

resources and capacity, the Commission later announced that eye care would remain on the CCHIT expansion roadmap under the originally proposed timeline. This month, we were delighted to learn that CCHIT is open to eye care EHR certification launch in 2010.

The eye care community understood the constraints on CCHIT, but feels the accelerate timeline would coincide deadlines imposed in the ARRA, and that our members will be able to take advantage of this opportunity make the HIT improvements that will increase patient safety and expand on their growing participation in quality programs such as PQRI and data registries if certification is made available in 2010. This is crucial for our members to implement and use certified EHRs and meet ARRA requirements.

Another major reason we sought flexibility and acceleration of the timeline was the readiness and preparedness of the eye care professional organizations and the eye care EHR vendor community. The eye care provider and professional community have organized in response to demand from our collective members for high-quality, HIT solutions that are appropriately designed for eye care; as well as demands by public and private payers seeking to control costs and improve the care provided to respective beneficiaries.

It became apparent that the limiting factor for CCHIT to add specialty areas of certification was resources. Today, the AOA would strongly recommend that ONCHIT endorse and support the expansion of specialty areas of CCHIT certification to ensure ARRA incentives serve their intended purpose of spurring widespread adoption of HIT. In addition, the AOA would warn that as policymakers and certifying organizations move to define “meaningful use” we want to also caution against a “one-size-fits-all” approach. Just as different types of providers need different types of EHRs, the meaningful use of EHRs can vary. The bottom line should be improved results for patients.

#### Recommendations:

- Encourage the rapid CCHIT development and deployment of certification for eye care and other EHRs
- Urge support from ONCHIT to help fast track CCHIT certification for eye care and other EHR systems
- Recognize that eye care EHRs should cater to the needs of both ODs and MDs who provide eye care
- Recognize that “meaningful use” of EHRs may vary depending on the practice of the provider

In an effort to help address existing barriers to increased adoption and use of HIT, the AOA asks Congress to urge ONCHIT and the HIT Policy Committee to promote the rapid development and deployment of a certification for eye care EHRs and appropriate certifications for other medical specialties to ensure that eye care providers as well as a wide range of other health care providers are able to take advantage of the ARRA incentives and get to work on building a interoperable nationwide HIT network.

The AOA looks forward to working with the Committee and Congress to ensure the development of a nationwide HIT network that is interoperable, secure, functional and includes a broad range of health care providers. The AOA firmly believes that by developing an interoperable, integrated and inclusive HIT network we can together help America achieve long-lasting and equitable health care reform while delivering on the long-held promise of ensuring greater access to needed health care services, including comprehensive eye and vision care, that are high quality and increasingly affordable for patients and the American taxpayer.